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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
UCSD0-078-2

In re Application of Edward Dennis

Application Number 09/493,601 Filed 01/28/00

For Human Lysophospholipase

Group Art Unit 1652 Examiner Saidha, T.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | | |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 920.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17 (a)(5)) | \$ _____ |

Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460.00 .

A small entity statement under 37 CFR 1.27:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | is enclosed. |
| <input checked="" type="checkbox"/> | has already been filed in this application. |
| <input checked="" type="checkbox"/> | A check in the amount of the fee is enclosed. |
| <input type="checkbox"/> | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. |
| <input type="checkbox"/> | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ . I have enclosed a duplicate copy of this sheet. |

I am the assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____ .

01/25/02

Date

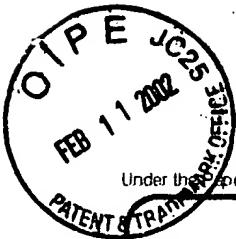
Signature

William C. Fuess

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 460.00)

Complete if Known	
Application Number	09/493,601
Filing Date	1/28/00
First Named Inventor	Edward Dennis
Examiner Name	Saidha, T.
Group / Art Unit	1652
Attorney Docket No.	UCSD0-078-2

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	790	201 395 Utility filing fee	
106	330	206 185 Design filing fee	
107	540	207 270 Plant filing fee	
108	790	208 395 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1) (\$)		0	

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	=
Independent Claims	- 3** =	X	=
Multiple Dependent			

** or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	22	203 11 Claims in excess of 20
102	82	202 41 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	82	209 41 ** Reissue independent claims over original patent
110	22	210 11 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		0

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	218 200 Extension for reply within second month	
117	950	217 475 Extension for reply within third month	
118	1,510	218 755 Extension for reply within fourth month	
128	2,060	228 1,030 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,320	241 660 Petition to revive - unintentional	
142	1,320	242 660 Utility issue fee (or reissue)	
143	450	243 225 Design issue fee	
144	670	244 335 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	790	246 395 Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249 395 For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	460.00

SUBMITTED BY

Typed or Printed Name

William C. Fuess

Complete if applicable

Reg. Number

30,054

Signature

William C. Fuess

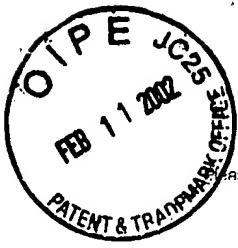
Date

2/11/02

Deposit Account User ID

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Please type a plus sign (+) inside this box →

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/493,601
		Filing Date	1/28/00
		First Named Inventor	Edward Dennis
		Group Art Unit	1652
		Examiner Name	Saidha, T.
Total Number of Pages in This Submission		Attorney Docket Number	UCSD 0-078-2

ENCLOSURES (check all that apply)

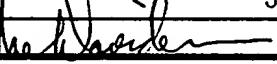
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Check replacement. Check must not have been included with response.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FUESS & DAVIDENAS		
Signature	 30,054		
Date	2/11/02		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2/11/02

Typed or printed name	Joseph Davidenas		
Signature		Date	2/11/02

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